

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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REPORTED: 04/04/2013
 FORM APPROVED
 05/06/10, 0930-0931

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1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is assigned to the case. The investigator will then gather information about the problem and the people involved. This information will be used to determine the cause of the problem and to develop a plan of action. The plan of action will be implemented and the results will be monitored. If the problem is not solved, the investigator will return to the first step and begin the process again.

01-25-2014

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PRINTED: 08/08/2013

FORM APPROVED

OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2013
NAME OF PROVIDER OR SUPPLIER BROOKHAVEN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2035 STONEBROOK PLACE KINGSPORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018	Continued From page 1 close the resident room door. 2) Corridor doors to residents rooms 118, 122, 123, 127, 217, 221, 223, 401, 404, 407, 414, and 418 failed to close to a positive latch. This finding was verified and acknowledged by the Administrator during the exit conference on August 6, 2013.	K 018			
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed, 19.2.2.2.6, 7.2.1.8.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure corridor fire doors closed to a positive latch. The findings include: Observation and Interview with the Maintenance Director, on August 6, 2013 at 10:20 a.m. confirmed the corridor fire door by room 404	K 021	The corridor fire doors by room 404 have been adjusted to close to a positive latch. All others have been observed by Maintenance Director and no other doors were affected. Staff was inserviced by Maintenance Director on corridor fire doors latching properly. Doors will be observed during fire drills and inspected monthly by Maintenance Director or designee. The results will be reported to QA committee for three (3) months.	08/20/13 09/20/13	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445174	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/07/2013
NAME OF PROVIDER OR SUPPLIER BROOKHAVEN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2038 STONEBROOK PLACE KINGSPORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 021	Continued From page 2 failed to close to a positive latch. This finding was verified and acknowledged by the Administrator during the exit conference on August 6, 2013.	K 021			
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure rooms larger than 60 square feet, used to store combustible materials, were provided self-closing. The findings include: Observation and interview with the Administrator, on August 6, 2013 at 2:45 p.m. confirmed the human resources office door closer was disconnected. This finding was verified and acknowledged by the Administrator during the exit conference on August 6, 2013.	K 029	The door closure has been reconnected for the Human Resources Office by Maintenance Director. All other doors requiring a door closure have been observed with closures connected by Maintenance Director. Maintenance Director or designee will inspect monthly to assure door closures are connected and working properly. The results will be reported to the QA committee for three (3) months.	08/20/13	
K 046 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 046			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: N22H21

Facility ID: TN8203

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No. 3332 P. 31/35

BROOKHAVEN MANOR

Aug. 23, 2013 5:23PM

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NAME OF PROVIDER OR SUPPLIER BROOKHAVEN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2036 STONEBROOK PLACE KINGSPORT, TN 37660		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 046	Continued From page 3 Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1, This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to assure exits paths were provided with egress lighting (with emergency power). The findings include: Observation and interview with the Administrator, on August 6, 2013 at 11:45 a.m. confirmed the outside lights at the rear sidewalk were not provided with egress lighting. This finding was verified and acknowledged by the Administrator during the exit conference on August 6, 2013.	K 046	Egress lighting has been installed at the rear sidewalk. Areas of egress to public way were observed with lighting by Maintenance Director. Maintenance Director or designee will inspect areas of egress monthly to assure lighting is present. The results will be reported to QA committee for three (3) months	09/20/13	
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.8	K 051			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: N22121

Facility ID: TN6203

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NAME OF PROVIDER OR SUPPLIER BROOKHAVEN MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 2035 STONEBROOK PLACE KINGSPORT, TN 37660		
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K 051	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a fire alarm manual pull station at all exits. Findings include: Observation and interview with the Administrator, on August 6, 2013 at 1:15 p.m. confirmed the rear dining room exit to the outside was not provided with manual fire alarm pull station. This finding was verified and acknowledged by the Administrator during the exit conference on August 6, 2013.	K 051	A fire alarm pull station will be installed at the rear dining room exit by Maintenance Director. All exit doors are equipped with a fire alarm pull station by Maintenance Director. Maintenance Director or designee will inspect exits to assure pull stations are present. The results will be reported to the QA committee for three (3) months.	09/20/13	